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AUG - 3 2021

U. S. DISTRICT COURT
EASTERN DISTRICT OF MO
ST. LOUIS

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MISSOURI

United State of America)
v. Xqivir brown) Case no. 4:21CR259 RLW/SPM
8/3/2021

MEMORANDUM FOR CLERK

Evidence of Identity

Xqivir brown

Please circle which applies: (Pro se) (Attorney for) Plaintiff

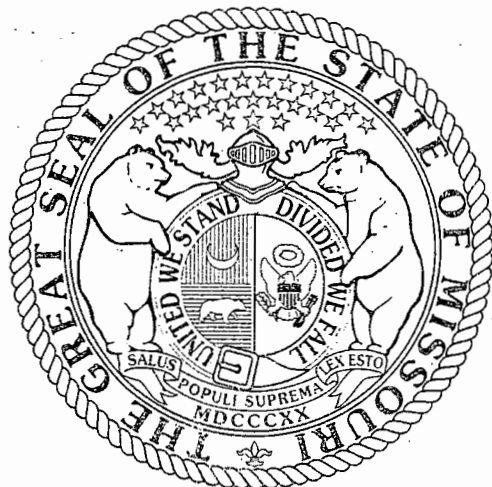
(Pro se) (Attorney for) Defendant



STATE OF MISSOURI

Office of Secretary of State

I, **JOHN R. ASHCROFT**, Secretary of State of the State of Missouri, and Keeper of the Great Seal thereof, hereby certify that **KENNETH J. PALERMO**, whose name is affixed to the annexed certificate was on the 29th day of **APRIL, 2021**, **State Registrar of Vital Statistics**, within and for the Department of Health & Senior Services in the State of Missouri duly commissioned and qualified according to law, and duly authorized according to the laws of said State to grant said Certificate, and that full faith and credit are due his official acts.



IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 29th day of April, 2021.


Secretary of State

THIS IS A CERTIFIED COPY OF AN ORIGINAL DOCUMENT
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STATE OF MISSOURI }
CITY OF JEFFERSON } ss
I HEREBY CERTIFY that this is an exact reproduction of the certificate for the person named therein as it now appears in the permanent records of the Bureau of Vital Records of the Missouri Department of Health and Senior Services. Witness my hand as State Registrar of Vital Records and the Seal of the Missouri Department of Health and Senior Services this date of

APR 29 2021

MO 580-1241 (2-2020)

Kenneth J. Palermo
State Registrar

VS-804B

#8a amended by Order of
Circuit court, St. Louis
SD#C1-0488447
16A(7-9-93)7-
100 19-93 ar
Rev. 11/72

DEPARTMENT OF SOCIAL SERVICES - MISSOURI DIVISION OF HEALTH
CERTIFICATE OF LIVE BIRTH

124 76 205740

FILED SEP 15 1976

CHILD- NAME FIRST		MIDDLE		LAST		DATE OF BIRTH (MONTH, DAY, YEAR)		HOUR	
1. Xavier		-		Brown		20, June 20, 1976		9:29 P.M.	
SEX		THIS BIRTH—SINGLE, TWIN, TRIPLE, ETC. (SPECIFY)		IF NOT SINGLE BIRTH—BORN FIRST, SECOND, THIRD, ETC. (SPECIFY)		COUNTY OF BIRTH			
3. Male		4. Single		5. -		6. -			
CITY, TOWN, OR LOCATION OF BIRTH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL—NAME		IF NOT IN HOSPITAL, CARE STREET AND NUMBER			
3a. St. Louis		3b. Yes		3c. Barnes					
MOTHER—Maiden Name		FIRST		MIDDLE		LAST		AGE (at time of this birth)	
4a. Virginia		-		Brown		22		Missouri	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		ZIP CODE		TOWNSHIP	
7a. Missouri		-		7c. St. Louis		63120		7d. -	
FATHER—NAME		FIRST		MIDDLE		LAST		AGE (at time of this birth)	
6a. Edward		-		Prophet		-		-	
INFORMANT		NAME		RELATION TO CHILD					
4b. Virginia Brown		Mother							
I CERTIFY that the above-named child was born alive at the place and time and on the day stated above.		DATE SIGNED		MONTH, DAY, YEAR		ATTENDANT—M.D., D.O., MIDWIFE, OTHER (SPECIFY)			
10a. SIGNATURE <i>Richard M. Sandefur, Jr.</i>		8-10-76		10b. MD					
CERTIFIER—NAME		TYPE OF PRINT		NO. LICENSE		MARITAL ADDRESS		STREET OR R.F.D., NO., CITY OR TOWN, STATE, ZIP	
10c. Richard M. Sandefur, JR M.D.-6064		10d. Barnes Hospital Pl.		St. Louis 53110					
REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR		MONTH		DAY		YEAR	
11a. <i>Helen L. Brune, M.D.</i>		11b. SEP 11 1976							